## DA 281-2 Rev. 04-16

**Chrisy Khatib** 

## **Position Description**

D 1 11 11 C 11 1 C 11 1 C	1	1 1 ' C 1 1	. D	Agency		
Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.						
CHECK ONE:   NEW POSITION  EXISTING POSITION  UNCLASSIFIED						
Part 1 - Items 1 through 12 to be completed by d	epartment head o	or personnel office.				
1. Agency Name	9. Position	10. Budget Program	Number			
Department for Children and Families  2. Employee Name (leave blank if position vacant)		11 Present Class Tit	tle (if evicting position)	-		
2. Employee Name (leave blank ii position vacant)		Adult Protection Spe	tle (if existing position)			
3. Division		12. Proposed Class		-		
Family Services		ı î				
4. Section	For	13. Allocation				
Prevention and Protection Services  5. Unit	Use	14. Effective Date		Position		
Adult Protective Services	Use	14. Effective Date		Number		
6. Location (address where employee works)	Ву	15. By	Approved			
		·				
City Kansas City County WY		46.4.10				
7. (circle appropriate time) <b>Full time</b> Perm. Inter.	Personnel	16. Audit Date:	By:			
Part time Temp. %		Date:	By:			
Regular			,			
8. Regular hours of work: (circle appropriate time)	Office	17. Audit				
EDOM 0.00 AM E 5.00 DM		Date:	By:			
FROM: 8:00 AM To: 5:00 PM	1 00*	Date:	By:			
PART II - To be completed by department head	, personnel office	or supervisor of the	position.			
18. If this is a request to reallocate a position, brief	y describe the reci	rganization reassignme	ent of work, new function added h	w law or		
18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:						
outer factors which changes are duties and responsionates of the position.						
This position exists as part of a service delivery team whose purpose is to provide intake/assessment and care planning services to						
vulnerable adults and their families. The goal is to provide timely and accurate assessments and interventions to adults which will ensure						
their safety, improve their functioning, and preserve their independence to extent possible. This position will specialize in investigations with clients who receive services from a Community Developmental Disability Organization to include clients in residential and day						
services programs. The position will work in KDADS licensing and waivers services as needed when conducting the investigation. The						
position will cover both Wyandotte and Johnson County. The position will include APS investigations in Wyandotte County.						
19. Who is the supervisor of this position? (person	who accione work	gives directions, answ	vers questions and is directly in abo	arge)?		
Name	Title	gives directions, answ	Position Num	0 /		
	Adult Protective Services Supervisor					
Who avaluates the work of an incombest is this	nosition?					
Who evaluates the work of an incumbent in this <b>Name</b>	Title		Position Num	ıber		

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

**Assistant Program Administrator APS** 

K0224448

Extensive latitude is given to independent judgment and initiative. Written and verbal instructions are followed based on Federal and State law, rules, supervisory input, and regulations and regional policies and procedures. Assignments are normally general direction based on broad agency expectations. Many program decisions are made independently or with input from Division staff.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	The person in this positon has access to protected health information (PHI) under the provisions of the Heath Information Portability Act of 1996 (HIPPA) Privacy Rule. PHI must be treated in accordance with the provisions of the HIPAA Privacy Regulation including the requirements for safeguarding, releasing and recording the release of such information. The person will receive training in the provision of the HIPAA Privacy Regulations as they relate to the duties of this position and has signed a confidentiality agreement.
		In addition to the tasks listed below, the incumbent is expected to communicate the Mission, Vision and Guiding Principles of the agency to peers, clients and the public; identify personal strengths and developmental needs to increase job performance and long-term career growth. Continually analyze work processes, seek new approaches and make recommendations to enhance efficiency and effectiveness of the agency. Works in a harmonious and cooperative fashion with other staff to provide efficient and effective customer service. Uses free time as available to assist other staff in the completion of work assignments. Contributes to a positive work environment through a positive, helpful, courteous demeanor towards staff, clients, and the general public. Adheres to appropriate standards of conduct regarding the use of leave and reports to work on time.
45%	Е	ASSESSMENT Receives assigned reports when vulnerable adults are suspected of being abuse, neglected, and or exploited as defined in K.S.A. 39-1430 and establishes contact with the involved adult within the assigned timeframe. Makes timely collaborative contacts with law enforcement, medical staff, mental health, and other service providers to assess adult safety per PPS regulation/policy.
		Conducts assessments of alleged abuse, neglect, and/or exploitation, completes and prepares a written assessment within the established time lines. Makes referrals to law enforcement and the court as appropriated, Office of the Attorney General, Kansas Guardianship Program, Area Agencies on Aging, and other community providers. Provides needed protective services to prevent maltreatment of a vulnerable adult.
		CASE MANAGEMENT/PRIVATE AGENCIES
30%	Е	Prepares accurate and timely documentation into the Kansas Intake/Investigation Protection System (KIPS). This would include documentation of case activities, consumer based assessments, abuse/neglect/exploitation investigations, findings and required notices, adult service plan, and information gathered during the investigation. Prepares appeal summaries, testifies before appeals hearing officer in reference to agency decisions.
		Actively participates in supervisor conferences and case consultation informing supervisor of significant case development, problems and investigation findings. Attends and participates in regularly scheduled unit/team meeting
25%	Е	AGENCY/PUBLIC RESPOSIVENESS Responds in a positive, professional manner to clients, community and other professionals. Seeks to resolve differences in a positive manner and within DCF rules, policies, and regulations. Utilizes formal information training opportunities and professional readings to enhance knowledge and skills in assessment, intervention, leadership and teamwork. Completes all other duties as assigned.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

TAT/A	/ \	. T 1	1 1	•	. •	1 1 1			1 (	.1
N/A (		) Lead	LWorker	accione	frainc	schedules	OVERSEES	or reviews	Work of	others
T 4/ 7 T		Loud	WOIKCI	aborgino,	u am,	scricuuics,	O V CI SCCS.	, or reviews	WOIK OI	Others

- ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
- ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.
- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name Title Position Number

<ul> <li>23. Which statement best describes the results of error in action or decision of this employee?</li> <li>( ) Minimal property damage, minor injury, minor disruption of the flow of work.</li> <li>( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.</li> <li>( ) Major program failure, major property loss, or serious injury or incapacitation.</li> <li>( X ) Loss of life, disruption of operations of a major agency.</li> <li>Please give examples.</li> </ul>
Failure to provide services in an adequate and timely manner could result in emotional trauma, or could result in serious harm, permanent injury or death of an adult.
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?
Daily contact with vulnerable adults who are referred/reported to the agency for services as well as daily contact with agency employees, including administrative and supervisory staff, community agencies, government officials, community leaders, and the general public. Contacts are in person, by telephone, or email to provide information regarding agency programs, policy, and procedures and to obtain input for evaluation, change, and to insure local and government cooperation.
25. What hazards, risks or discomforts exist on the job or in the work environment?
Discomforts and hazard exist due to exposure to weather conditions. Contacts with dangerous and hostile clients pose threats to health and safety. Entering homes and other environments that may be dirty, cluttered, contain animals, possibly infested with bugs and rodents and/or offensive odors. There are also hazards associated with having to ascend and descend stairs. The potential exists for normal travel hazards associated with automobile travel in the assigned Region
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:
Daily use of computer system, spreadsheet and database applications, printers, copier, fax machine, calculator, telephone, Smartphone/cell phone all general office equipment, and vehicle to travel for business is required
PART III - To be completed by the department head or personnel office
27. List the <u>minimum</u> amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.
Education - General
Four-year degree in a Human Services or Behavioral Sciences field of study, or education determined relevant by the agency.
Education or Training - special or professional
Preferred - One or more of the following:
Licensed Social Worker Master's in Professional Counseling (Licensed Professional Counselor)

Licenses, certificates and registrations

Valid Driver's License (must maintain valid driver's license throughout employment) Licensed Professional (must maintain license throughout employment)

Master's in Marriage and Family Therapy (Licensed Marriage and Family Therapist)

A minimum of 2-years of work experience in Children and Family Services.

Licensed Behavioral Sciences Regulatory Board (BSRB) professional as determined relevant by the agency.

Special knowledge, skills and abilities					
Experience - length in years and kind					
Experience - length in years and kind					
28. SPECIAL QUALIFICATIONS  State any additional qualifications for this position that a necessary special requirement, a bona fide occupation education and experience statement on the class special selective certification.  Must maintain security clearance throughout employments.	onal qualification (BFOQ) or other requirement the fication. A special requirement must be listed her	at does not contradict the			
Signature of Employee Date	Signature of Personnel Official	Date			
Approved:					
Signature of Supervisor Date	Signature of Agency Head or Appointing Authority	Date			